

Patient-Centered Health Advisory Council

Impact of MCO on Hawk-I Population

**Dr Mary Mincer Hansen
Chair - Hawk-I Board**



HAWK-I DEMOGRAPHICS

Enrollees as of September 2015:

Hawk-I - 37,747

Delta Dental - 3269

Do not track number of Hawk-I children with special needs



BACKGROUND

Prior to MCO Transition Plan:

Wellmark and United Healthcare were health insurance providers that Hawk-I members could choose from to receive coverage - vast majority selected Wellmark.

Delta Dental provided an option to purchase dental insurance

Board approved contracts for all 3 companies

Oversight was through data provided to the board by IME which provided financial and quality data



BACKGROUND

Prior to MCO Transition Plan:

Board requested information about the selection process for MCO's once we were informed that our population was included in the bid

We did not receive specific information

When heard contracts signed with the 4 MCO's, requested attorney general opinion as to the board's role, authority, and accountability related to decisions about our population's insurance coverage

Attorney General sent us an advice document



BACKGROUND

Attorney General Advice Document:

The DHS Director can contract with Hawk-I insurers without board approval

The board's role is to specify benefits which was done many years previously. Board was informed the MCO's will offer the same benefits as previously provided prior to MCO plans.

BACKGROUND

CMS DELAY :

Contracts with Wellmark and United Healthcare were termed as of January 1

Wellmark was told no contingency planning in case of delay was needed

United Healthcare agreed to provide insurance for all Hawk-I enrollees until March 1 and then would contract month by month if CMS approval was not given for March 1 managed care start date

Board asked if CMS approved having just one carrier during the delay and Medicaid director assured us they had



BACKGROUND

CMS DELAY :

Board expressed concern that having insureds who were with Wellmark transition to United Healthcare would cause confusion and that access to services and pharmaceuticals might be negatively impacted

Hawk-I members had to select one of the 3 MCO's by February 17th



CURRENT STATUS

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Complaints to Hawk-I Board regarding services denied by United Healthcare during this transition forwarded to Medicaid Director

Board informed that Medicaid Director is consulting with Attorney General and Insurance Commissioner regarding issues forwarded by our board and is asking for clarification of service questions

Have also been informed of provider concerns regarding reimbursement for immunizations and Medicaid Director is investigating



ONGOING BOARD ACTIONS

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Monitor:

Issues and Medicaid Response to the Issues

Enrollee Numbers and Reasons for Enrollees
leaving Hawk-i

Cost Savings

Access and Quality Outcomes

